FORM I(Rev.5/2020)						
FORWIT(Rev.5/2020)	Contractor Name					
	DPW Contract No.					
Em	nployee Affidavit					
Resident	ts Preference Program					
I certify that I maintain my permanent residence in the City of Milwaukee and that I vote, pay per income tax, obtain my driver's license, etc. at,Milwaukee, WI						
	(Address) (Zip Code)					
Residency status: To verify my resident status, attached plants and compared to the compared	ification form. Form 1040. sconsin Driver's License or State ID.					
	AND					
I have not worked in the *this selection only application only application under the selection of the selection only application under the selection of the selection under the selection of the selection under the sele	1,200 hours in the preceding 12 months. e preceding 15 days* les to new hires or inactive employees OR					
I certify that based on the attached chart	t (Income Eligibility Guidelines), I am underemployed.					
WORK HISTORY Construction Skills:	Print Name					
Years of Experience:,,	Sign Name					
	Social Security Number					
	Home Telephone Number					
Subscribed and sworn to me thisday						
Of,A.D.						
My Commission Expires	·					
Notary Public Milwaukee County						

Income Eligibility Guidelines July 1, 2020 to June 30, 2021

Eligibility determination is based on household size and income. Total income must be <u>at</u> or <u>below</u> the amounts in this table.

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For Each Additional Household Member Add	8,288	691	346	319	160

Source: Wisconsin Department of Public Instruction